PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

900158961389
07/28/09--01007--008 **516.25

CR2E041 (10/09)

DOCUMENT # L05-104321

1. Limited Liability Company's Name

GLOBAL PORTFOLIO MANAGEMENT, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
138 PALM OCAST PARKWAY		138 PALM OCAST PARKWAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
NE#221		NE#221	
City & State		City & State	
PALM COAST		PALM COAST	
Zip	Country	Zip	Country
32137	UNITED STATES	321237	UNITED STATES

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City	State	Zip Code
TALLAHASSEE	FL	32301

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 7/21/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MICHAEL KOLODIN	138 PALM OCAST PARKWAY NE#221	PALM COAST FL 321327
MGRM	BRUCE REINGOLD	138 PALM COAST PARKWAY NE#221	PALM COAST FL 32137

REINSTATEMENT 07-09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager _____ Date 7-24-09 Daytime Phone # (386) 447 9077

Typed or printed name of signing Managing Member/Manager _____